

(Rev. 4/97)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**ORIGINAL**

**UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE**

05 - 297

JAMES HALL

(Enter above the full name of the plaintiff in this action)

V.

First Correctional Medical Inc. Head RN BrendaHolwerda, LISA M. Wilson, Angela Wilson RegisterHilary (Cm) Stanly Taylor, Thomas Carroll, Commissioner, warden etc  
(Enter above the full name of the defendant(s) in this action)**I. Previous lawsuits**

A. Have you begun other lawsuits in state or federal courts dealing with the same facts involved in this action or otherwise relating to your imprisonment?  
YES ☒ NO ☐

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

**1. Parties to this previous lawsuit**Plaintiffs JAMES HALL

Defendants First Correctional Medical Inc. - Brenda Holwerda RN  
Thomas Carroll, Stan Taylor, Warden, Commissioner

2. Court (if federal court, name the district; if state court, name the county)  
United States District Court District of Delaware
3. Docket number 04-176-GMS
4. Name of judge to whom case was assigned Honorable Gregory M. Sleet
5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)  
Action was dismissed without prejudice
6. Approximate date of filing lawsuit March 22, 2004
7. Approximate date of disposition Jan 26, 2005

II. A. Is there a prisoner grievance procedure in this institution? Yes ☒ No ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes ☒ No ☐

C. If your answer is YES,

1. What steps did you take? Filed Grievance 2/1/04 Level I 2/20/04 SPW outside consultant on 3/2/04. Filed various other grievances and wrote letters
2. What was the result? The 180 days to conclude grievance is expired, grievance still unresolved, there are no further steps available in grievance process. All subsequent grievances were disregarded because grievance rule allows action only for first grievance. I am barred of further grievance action by rule

D. If your answer is NO, explain why not \_\_\_\_\_

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes ☐ No ☐

F. If your answer is YES,

1. What steps did you take? \_\_\_\_\_
2. What was the result? \_\_\_\_\_

## III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff JAMES HALL  
 Address 1181 Paddock Rd Smyrna, Del 19977 DCC

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and place of employment of any additional defendants.)

B. Defendant First Correctional Medical Inc is employed as Health  
Care Provider at Delaware Correctional Center

C. Additional Defendants Brenda Hernandez in her official and individual capacity  
Lisa Merson in her official and individual capacity  
Angelia Wilson Regional H.R. Mgr (ECM) in her official and individual capacity  
Stan Taylor in his official and individual capacity  
Thomas Carroll in his official and individual capacity

## IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.)

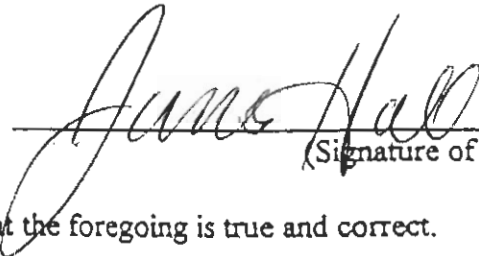
(See Attached Sheets)

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.)

Award Compensatory Damages; punitive Damages;  
Nominal Damages, Special Damages For Emotional or mental  
suffering; Attorneys fees; court cost; and whatever further relief  
The court deems just and proper

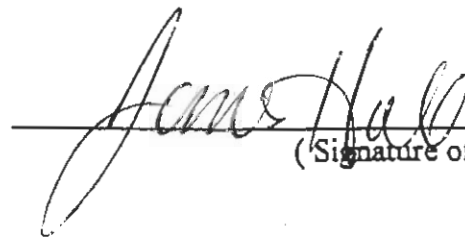
Signed this 14 day of MAY, 2005



(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

5/14/05  
Date



(Signature of Plaintiff)

## Request for Relief

Compensatory Damages in the amount of  
250,000.00

Punitive Damages in the amount of  
250,000.00

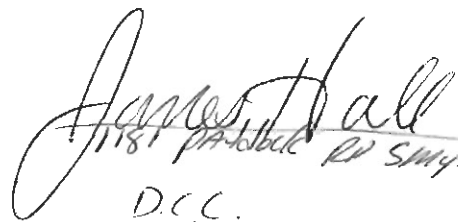
Special Damages, i.e. Extreme Emotional Distress in the  
amount of 250,000.00

Attorney fees

Court cost

whatever further Relief the Court deems  
just and proper

Date: 5/14/05

  
JAMES HALL  
1181 PARKVIEW RD S.W. #104 19977  
D.C.C.

I/M SAM'S HALL  
SBI# 00167581 UNIT W-C-22  
DELAWARE CORRECTIONAL CENTER  
1181 PADDOCK ROAD  
SMYRNA, DELAWARE 19977



Office of the  
United States D  
844 N. King Street  
Wilmington, Del